





# Building a Strong Foundation





Where do Sleep Apnea patients come from?





# Where do Sleep Apnea patients come from?

- From your family





# Where do Sleep Apnea patients come from?



- **From your family**
- **From your staff and their family**



# Where do Sleep Apnea patients come from?

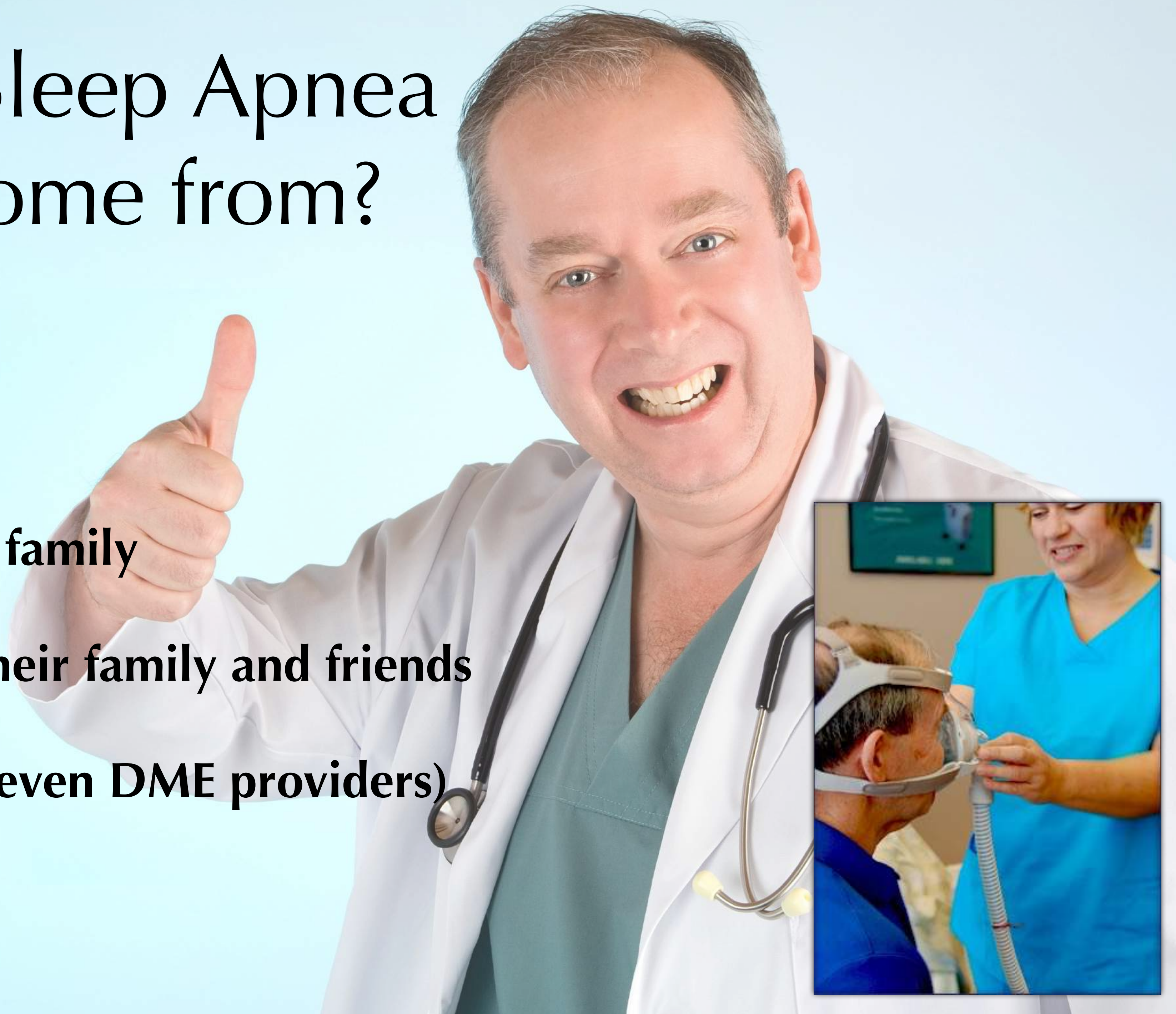


- **From your family**
- **From your staff and their family**
- **From your patients and their family and friends**



# Where do Sleep Apnea patients come from?

- **From your family**
- **From your staff and their family**
- **From your patients and their family and friends**
- **From other doctors (and even DME providers)**





# Where do Sleep Apnea patients come from?

- **From your family**
- **From your staff and their family**
- **From your patients and their family and friends**
- **From other doctors (and even DME providers)**
- **From your community**





If you build it...





# If you build it...

- What do you want to build?





# If you build it...

- Education and Setting up Systems



# If you build it...

- Education
  - Yourself
  - Your staff
  - Your medical community
  - Your community



# If you build it...

- Setting up Systems
  - Screening Form



## Sleep Screening Questionnaire

Please answer the questions below to help us assess the possibility of a sleep disorder which may be related to your dental and overall health. There is often a correlation between grinding of the teeth, TMJ disorders, breakdown of the teeth and sleep disorders. Sleep apnea may also increase your risk for many different health conditions including heart attack and stroke. If you are here with your child (under 16), please fill out the lower portion marked "For children only" for your child.

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

- 0 = I would never doze                      2 = I have a moderate chance of dozing  
1 = I have a slight chance of dozing        3 = I have a high chance of dozing

Situation	Chance of Dozing
1. Sitting and reading	_____
2. Watching TV	_____
3. Sitting inactive in a public place (e.g. a theater or a meeting)	_____
4. As a passenger in a car for an hour without a break	_____
5. Lying down to rest in the afternoon when circumstances permit	_____
6. Sitting and talking to someone	_____
7. Sitting quietly after lunch without alcohol	_____
8. In a car while stopped for a few minutes in traffic	_____
<b>Total Score</b>	_____

### Have you ever been diagnosed with:

	Yes	No
1. Impaired Cognition (i.e. difficulty concentrating or thinking)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Mood Disorders/Depression	<input type="checkbox"/>	<input type="checkbox"/>
3. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
4. Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
5. Ischemic Heart Disease (Coronary Artery Disease/Atherosclerosis)	<input type="checkbox"/>	<input type="checkbox"/>
6. History of Stroke	<input type="checkbox"/>	<input type="checkbox"/>
7. Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Did you try to use CPAP	<input type="checkbox"/>	<input type="checkbox"/>
8. TMJ problems significant enough to require treatment	<input type="checkbox"/>	<input type="checkbox"/>
9. Gastric Reflux (GERD) or Heartburn	<input type="checkbox"/>	<input type="checkbox"/>

### Are you aware of (or have you been told):

	Yes	No
1. Snoring on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling tired or fatigued on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
3. Clenching or grinding your teeth (bruxism)	<input type="checkbox"/>	<input type="checkbox"/>
4. Having frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>
5. Your neck size being > 17 inches (male) or > 16 inches (female)	<input type="checkbox"/>	<input type="checkbox"/>
6. Anyone in your family having sleep apnea	<input type="checkbox"/>	<input type="checkbox"/>
7. Stopping breathing when sleeping/awakening with a gasp	<input type="checkbox"/>	<input type="checkbox"/>

### For children only (filled out by parent or guardian)

#### Are you aware of your child:

	Yes	No
1. Snoring/noisy breathing while sleeping	<input type="checkbox"/>	<input type="checkbox"/>
2. Grinding his or her teeth	<input type="checkbox"/>	<input type="checkbox"/>
3. Wetting the bed	<input type="checkbox"/>	<input type="checkbox"/>
4. Having difficulty in school/learning	<input type="checkbox"/>	<input type="checkbox"/>
5. Being treated for ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>
6. Breathing primarily through their mouth	<input type="checkbox"/>	<input type="checkbox"/>
7. Having frequent nightmares/night terrors	<input type="checkbox"/>	<input type="checkbox"/>
8. Having frequent ear aches	<input type="checkbox"/>	<input type="checkbox"/>

Dental Exam Findings:    ☐ Evidence of Bruxism    ☐ Scalloping of the tongue    ☐ Crowded airway  
   ☐ Tori or Bone Loss        ☐ Anterior wear                      ☐ Retrognathia / Class II

*Jamison Spencer*



# **The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders**

## **Adopted by ADA's 2017 House of Delegates**

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various surgical modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients compared to no therapy or placebo devices. Oral appliance therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP). Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist's role in the treatment of SRBD includes the following:

- Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to



The dentist's role in the treatment of SRBD includes the following:

- Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to the appropriate physicians for proper diagnosis.
- In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern.
- Oral appliance therapy is an appropriate treatment for mild and moderate sleep apnea, and for severe sleep apnea when a CPAP is not tolerated by the patient.
- When oral appliance therapy is prescribed by a physician through written or electronic order for an adult patient with obstructive sleep apnea, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate, a dentist should fabricate an oral appliance.
- Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity.
- Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral.



- Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of OA titration.
- Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment.
- Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.
- Dentists should maintain regular communications with the patient's referring physician and other healthcare providers to the patient's treatment progress and any recommended follow-up treatment.
- Follow-up sleep testing by a physician should be conducted to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities.



# If you build it...

- Setting up Systems
  - Screening Form
  - What to look for



# OSA Physical Exam Risk Factors

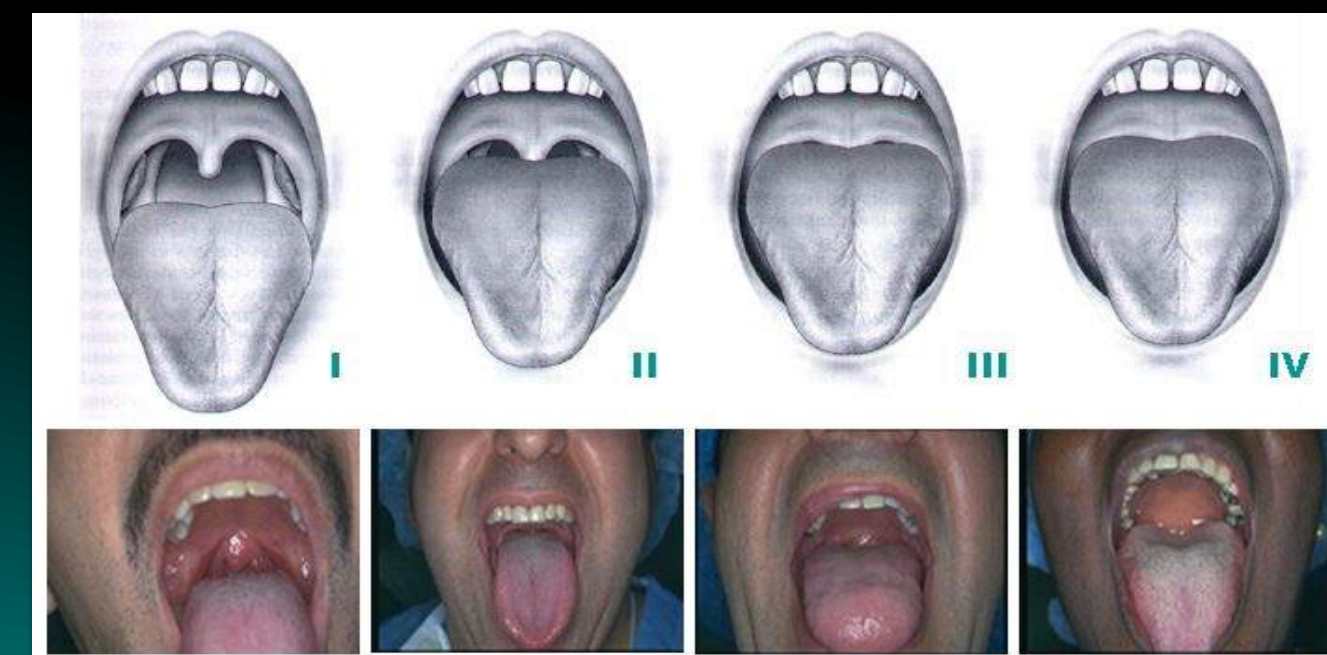
- BMI > 30
- Neck circumference > 17 in
- High arched palate



- Micro/retrognathia

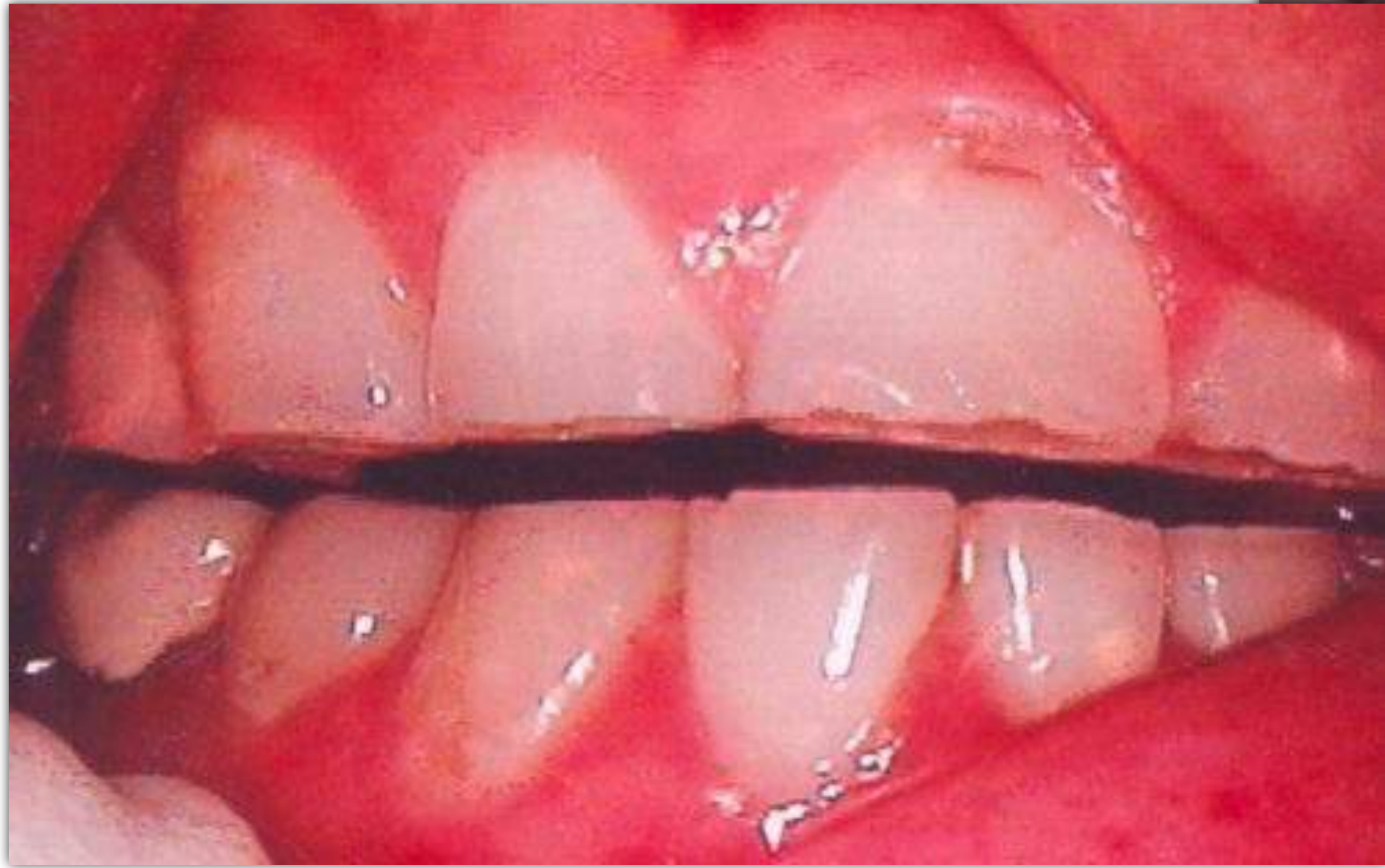


- Mallampati class 3 or 4 airway

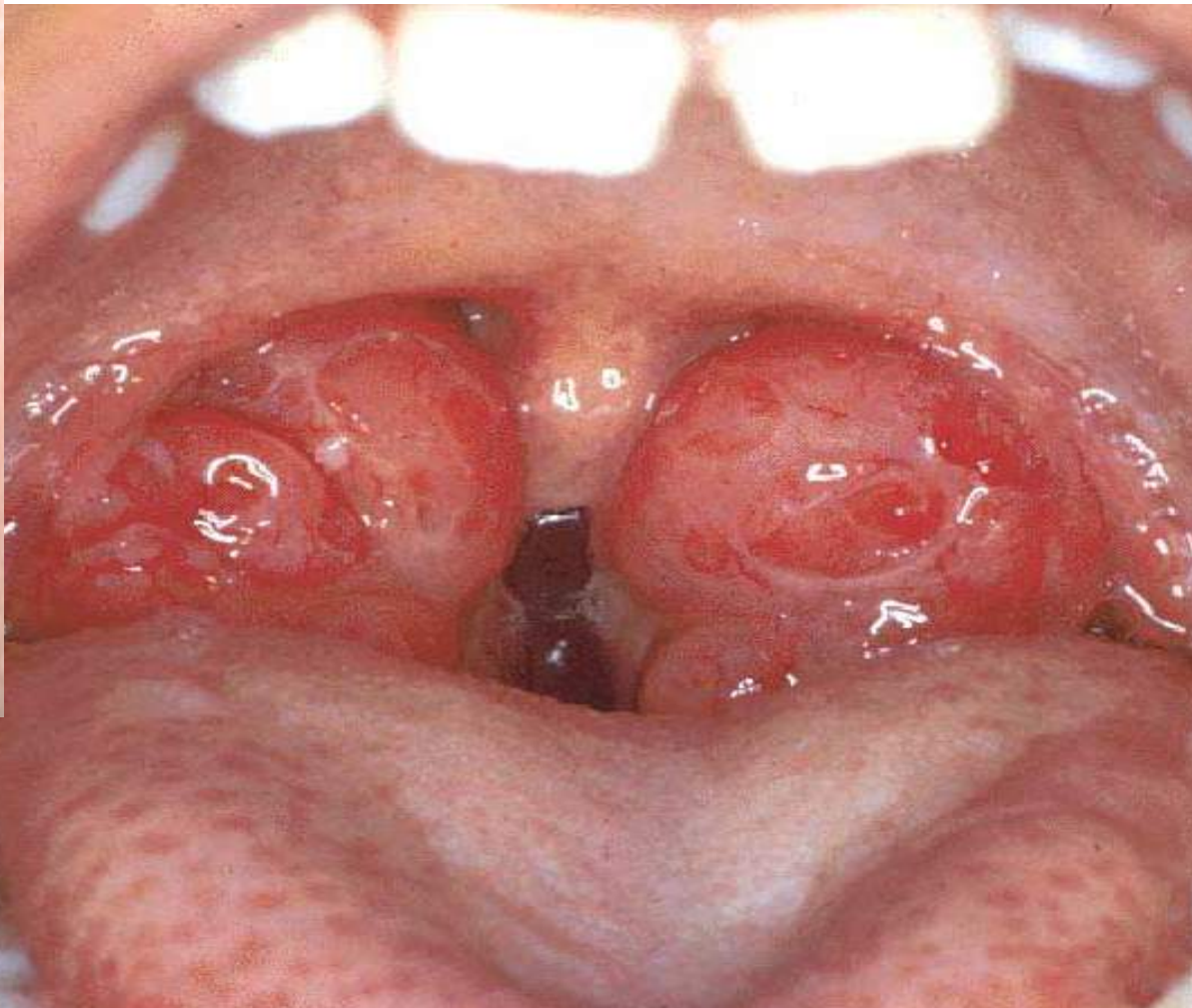


*Jamison Spencer*











# If you build it...

- Setting up Systems
  - Screening Form
  - What to look for
  - Educating the patient



# Help the patient FEEL the importance



*Jamison Spencer*





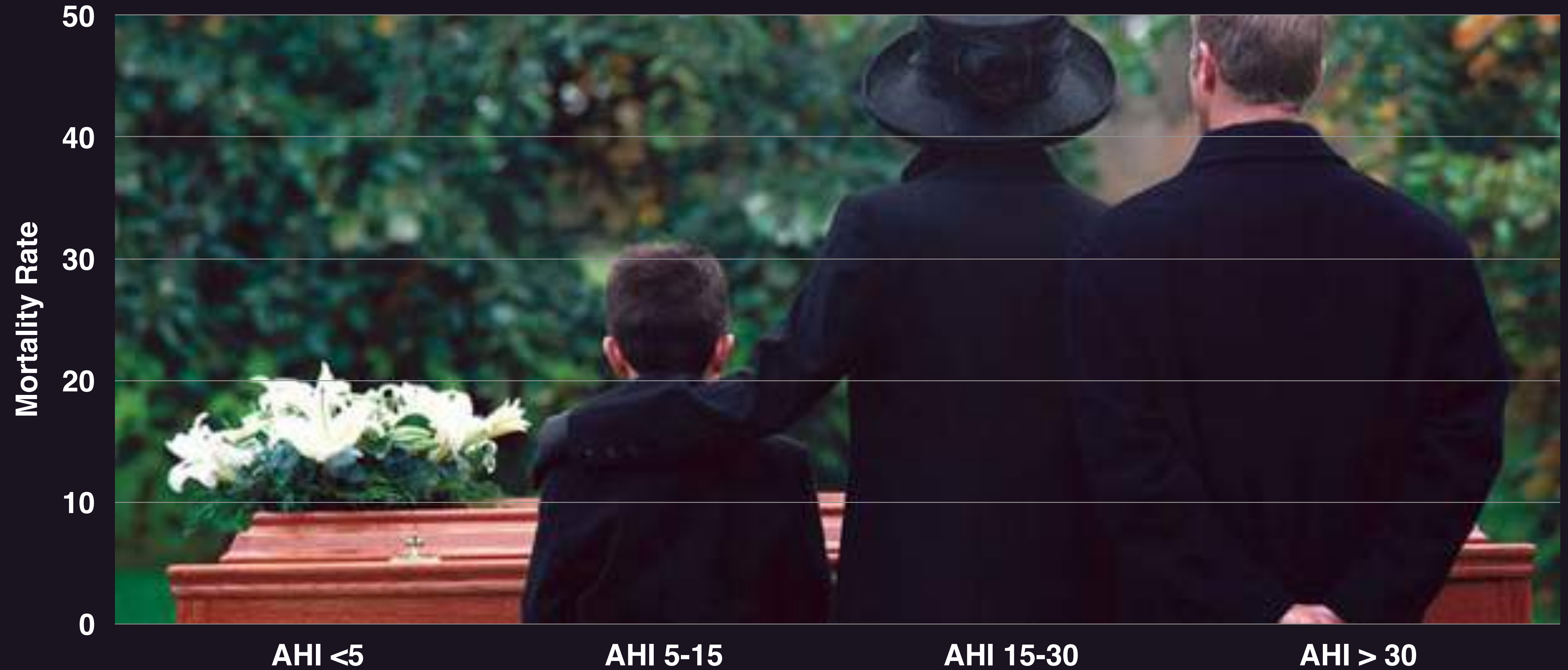


5 Years

10 Years

15 Years

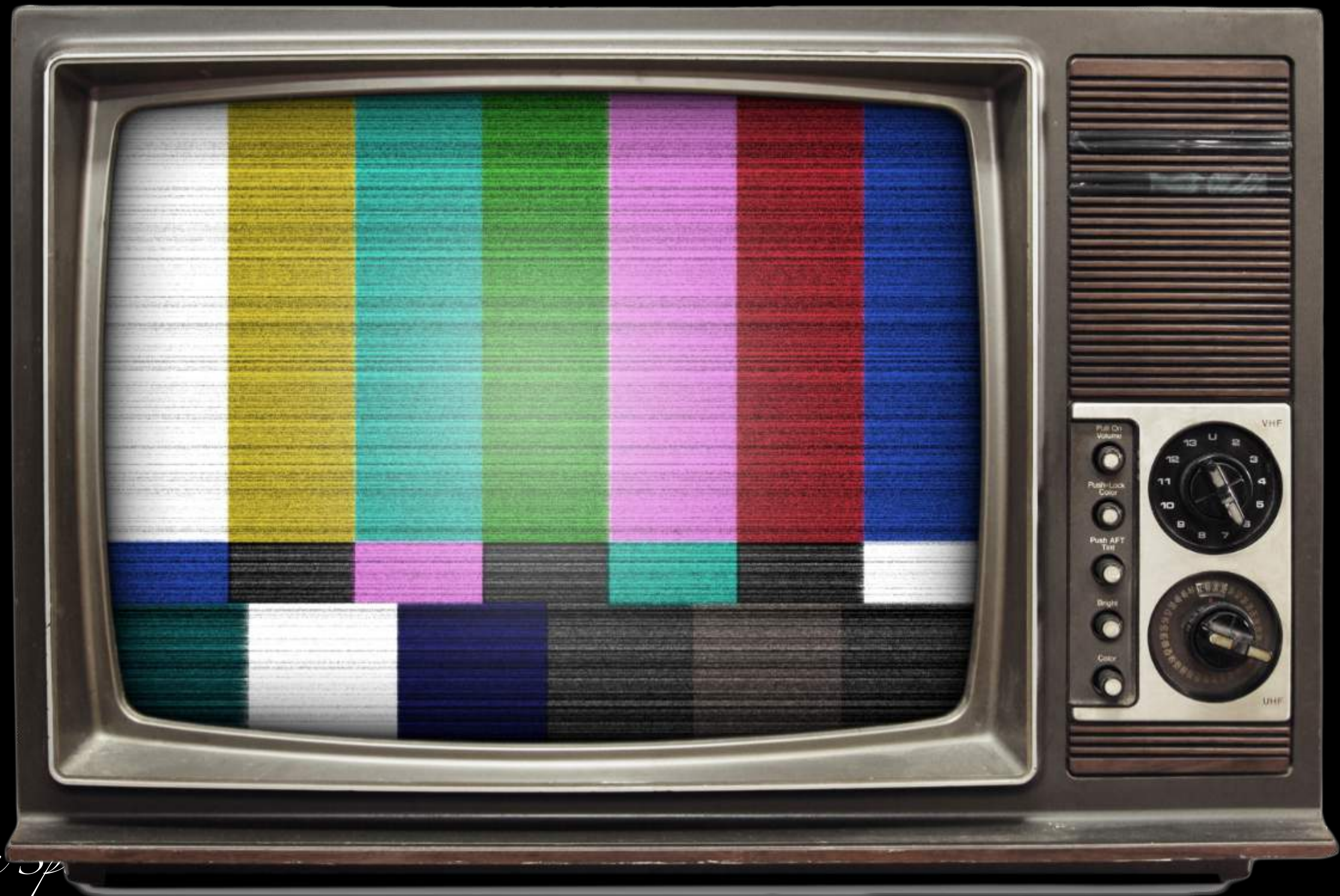
18 Years



*Sleep Disordered Breathing and  
Mortality: Eighteen-Year Follow-up  
of the Wisconsin Sleep Cohort:  
SLEEP, Vol. 31, No. 8, 2008*

*Jamison Spencer*

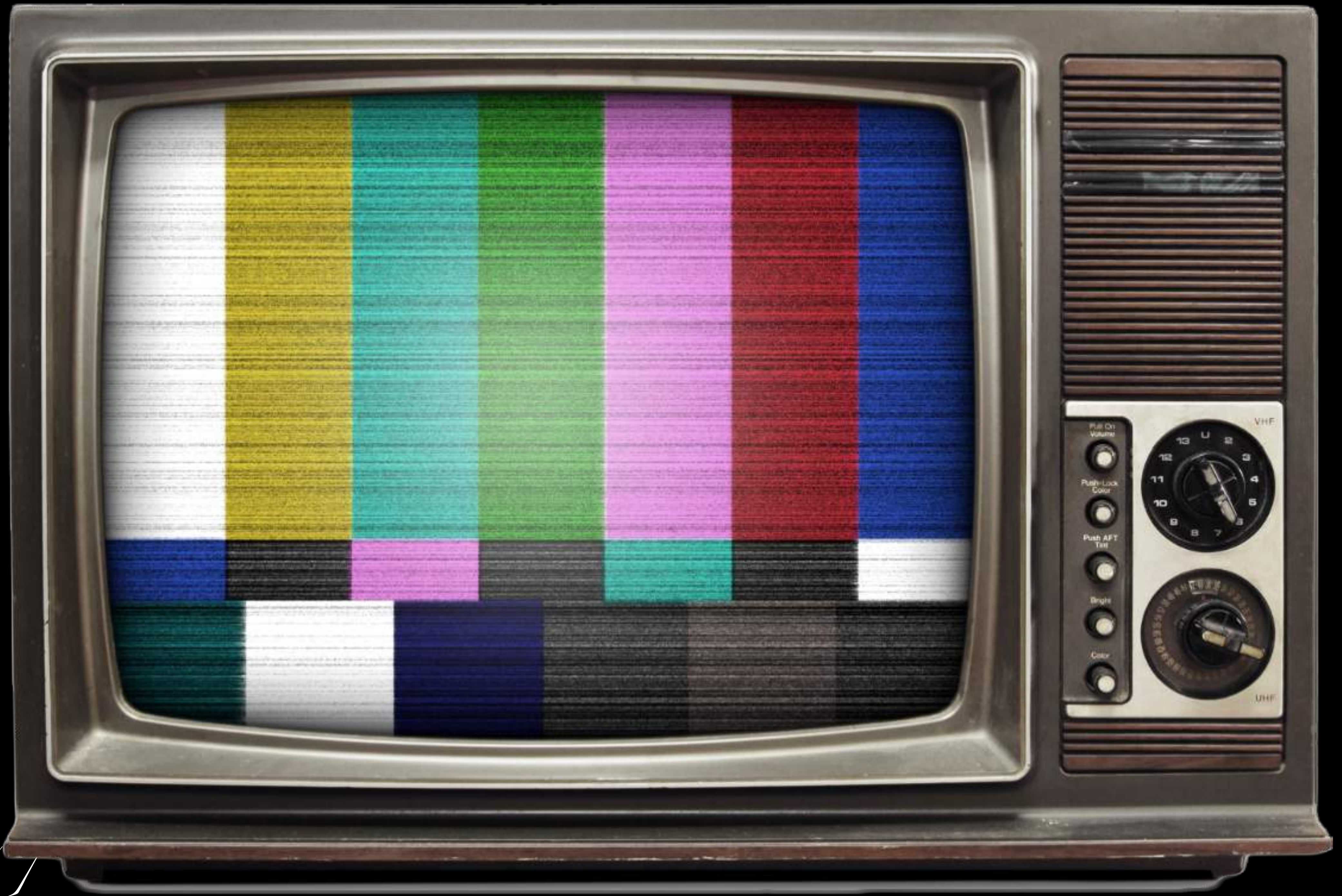




*Jamison SP*



Jamison

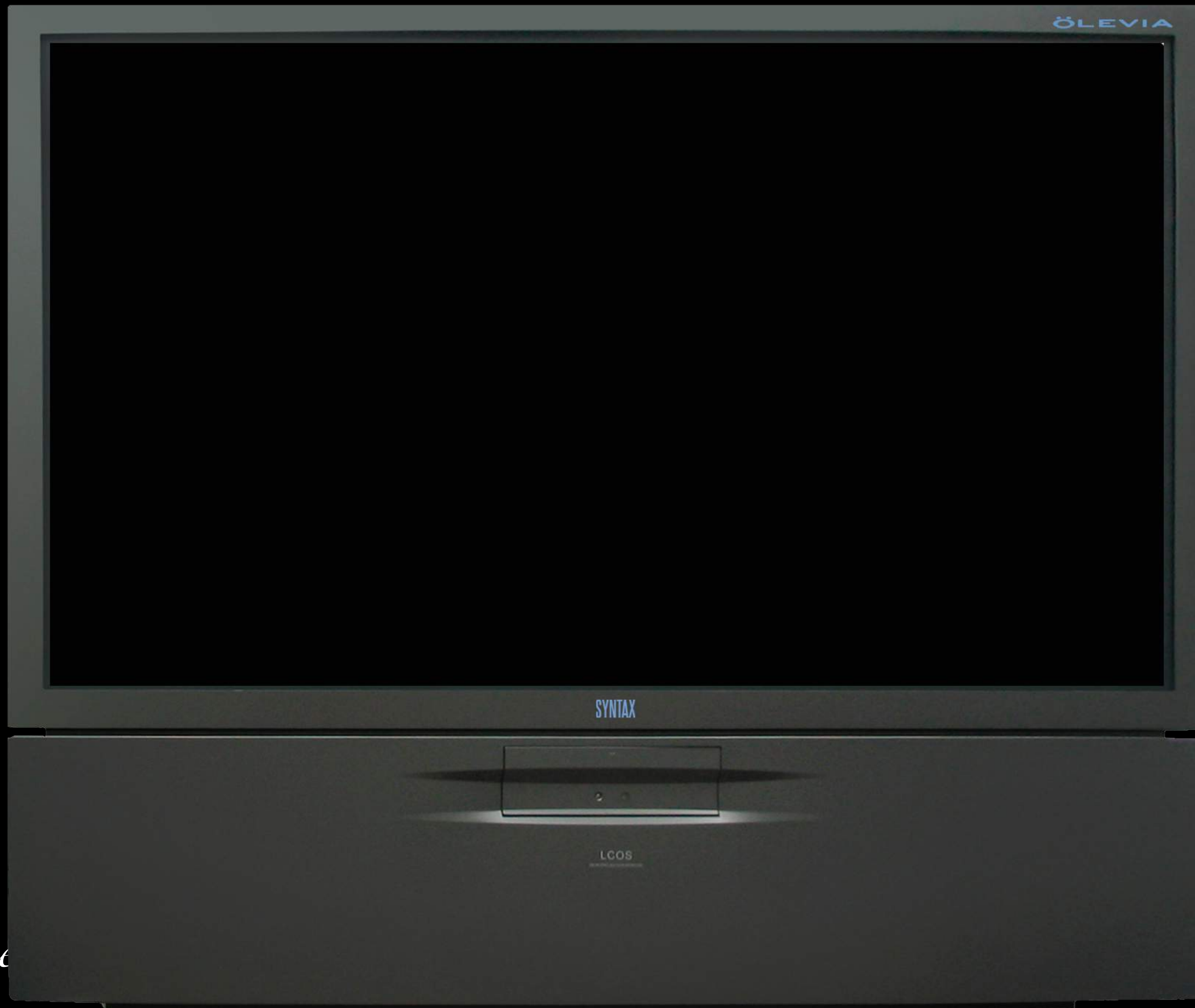






*Jamison Spencer*





*Jamison Spence*





*Jamison Spencer*



# OSA is commonly missed in...

- Depression
- Chronic fatigue syndrome
- Fibromyalgia syndrome
- TMJ syndrome
- GERD/heartburn
- Hypertension
- ED
- ADHD



# Posters, Flyers, Articles, FAQ's

## CURRENT OPINION

Am J Respir Med 2002; 1 (3): 159-166  
1175-0866/02/0003-0159\$20.00  
© Asia International Limited. All rights reserved.

## Obstructive Sleep Apnea in Children Do Intranasal Corticosteroids Help?

Gillian M. Nixon and Robert T. Brouillette

Department of Pediatrics, Montreal Children's Hospital, Montreal, Quebec, Canada

### Abstract

Obstructive sleep apnea (OSA) is a common condition of childhood, and is associated with significant morbidity. Prevalence of the condition peaks during early childhood, due in part to adenoidal and tonsillar enlargement within a small pharyngeal space. The lymphoid tissues regress after 10 years of age, in the context of ongoing bony growth, and there is an associated fall in the prevalence of OSA. Obstruction of the nasopharynx by adenoidal enlargement promotes pharyngeal airway collapse during sleep, and the presence of large tonsils contributes to airway obstruction. Administration of systemic corticosteroids leads to a reduction in the size of lymphoid tissues due to anti-inflammatory and lympholytic effects. However, a short course of systemic prednisone has been demonstrated not to have a significant effect on adenoidal size or the severity of OSA, and adverse effects preclude the long-term use of this therapy. Intranasal corticosteroids are effective in relieving nasal obstruction in allergic rhinitis, and allergic sensitization is more prevalent among children who snore than among those who do not snore. Intranasal corticosteroids have also been demonstrated to reduce adenoidal size, independent of the individual's atopic status. There is preliminary evidence of an improvement in the severity of OSA in children treated with intranasal corticosteroids, but further studies are needed before such therapy can be routinely recommended. Prescribing clinicians should take into account the potential benefits to the patient, the age of the child, the presence of comorbidities such as allergic rhinitis, the agent used, and the dose and duration of treatment when considering such therapy.

Obstructive sleep apnea (OSA) is a common condition of childhood, with an estimated prevalence of 1 to 3%.<sup>[1-5]</sup> OSA has significant associated physiological and neurocognitive morbidity.<sup>[6,7]</sup> In most cases, affected children have tonsillar and adenoidal enlargement,<sup>[8]</sup> and the condition can be treated by tonsillectomy and adenoidectomy (T&A).<sup>[9,10]</sup> However, this procedure carries some risk. Postoperative respiratory complications occur in approximately 20% of cases,<sup>[11-14]</sup> significant bleeding affects up to 10%,<sup>[15]</sup> and occasionally deaths occur.<sup>[16]</sup> In addition, T&A is painful, results in family disruption and has significant financial costs.

Medical alternatives for the treatment of OSA in childhood have thus been sought. The use of intranasal corticosteroids has been investigated in this context and is an attractive possibility, because of the relative simplicity of administration and low adverse event profile of these agents. This article reviews the pathophysiology of OSA in children, the use of intranasal corticosteroids to reduce upper airway obstruction, the rationale behind their use in OSA, and the evidence for the benefit of such treatment.

### 1. Pathogenesis of Obstructive Sleep Apnea (OSA)

Upper airway resistance increases during sleep,<sup>[17,18]</sup> with airway narrowing due to a reduction in tonic activity of the pharyngeal dilator muscles.<sup>[19-21]</sup> Negative pressure is generated in the upper airway during inspiration, but under normal conditions this negative pressure is balanced by the activity of the pharyngeal dilator muscles<sup>[22]</sup> and does not lead to collapse of the upper airway. However, in situations of increased upstream resistance, such as nasal obstruction, collapse may occur.<sup>[23]</sup>

Susceptibility to the development of OSA relates largely to anatomic factors in children. It has been suggested that children with OSA have a different facial structure compared with controls, particularly mandibular retrognathia, a low-positioned hyoid bone and alterations in facial length and width.<sup>[24,25]</sup> These changes may be secondary to chronic upper airway obstruction, however, as they have been shown to improve after surgical correction of upper airway obstruction.<sup>[26]</sup>

Probably more important in the pathogenesis of childhood OSA is the contribution of the lymphoid tissues of the upper

## UNDERSTANDING SLEEP DISORDERS

### What Is Sleep?

Sleep is a natural, reversible state of decreased responsiveness to the environment. During sleep, usually the eyes are closed and the body is relaxed and motionless. The body at sleep is connected to the brain, with the body and mind at rest. Although sleep provides physical and emotional rest, it is not a passive state. The brain is very active during the process of sleep, and the body is not motionless.

### Why Does the Body Need Sleep?

The importance of sleep to the body is not fully understood. The body needs sleep to restore energy and to repair itself. Sleep is also a time when the body's immune system is strengthened. The body's immune system is the body's defense against disease. The body's immune system is the body's defense against disease. The body's immune system is the body's defense against disease.

### What Does the Suprachiasmatic Nucleus (SCN) Do?

The suprachiasmatic nucleus (SCN) is a small area of the hypothalamus that regulates the body's internal clock. The SCN controls the body's circadian rhythm, which is the body's internal clock. The SCN controls the body's circadian rhythm, which is the body's internal clock. The SCN controls the body's circadian rhythm, which is the body's internal clock.

### Stages of Sleep

There are four stages of sleep. Stage 1 is the lightest stage of sleep. Stage 2 is a deeper stage of sleep. Stage 3 is a deeper stage of sleep. Stage 4 is the deepest stage of sleep. Stage 1 is the lightest stage of sleep. Stage 2 is a deeper stage of sleep. Stage 3 is a deeper stage of sleep. Stage 4 is the deepest stage of sleep.

### Tips for a Good Night's Sleep

- Go to bed at the same time every night.
- Avoid caffeine, alcohol, and nicotine before bed.
- Avoid heavy meals and exercise before bed.
- Create a relaxing bedtime routine.
- Use the bedroom only for sleep and sex.
- If you can't sleep, get up and do something relaxing in a different room.
- Don't watch TV or use a computer in bed.
- If you're still awake after 20 minutes, get up and do something relaxing in a different room.

### Common Sleep Disorders

Sleep disorders can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions. Sleep disorders can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions. Sleep disorders can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions.

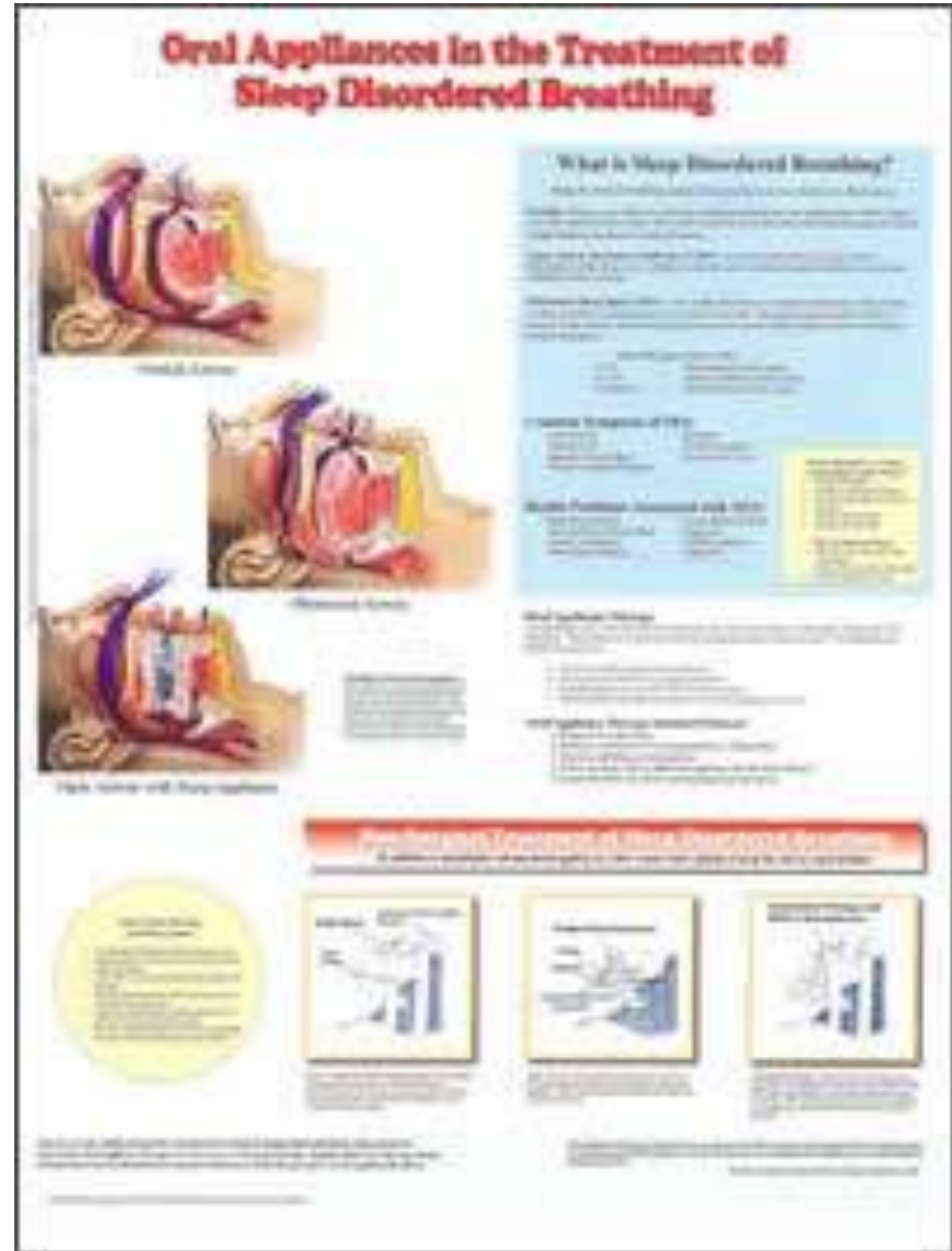
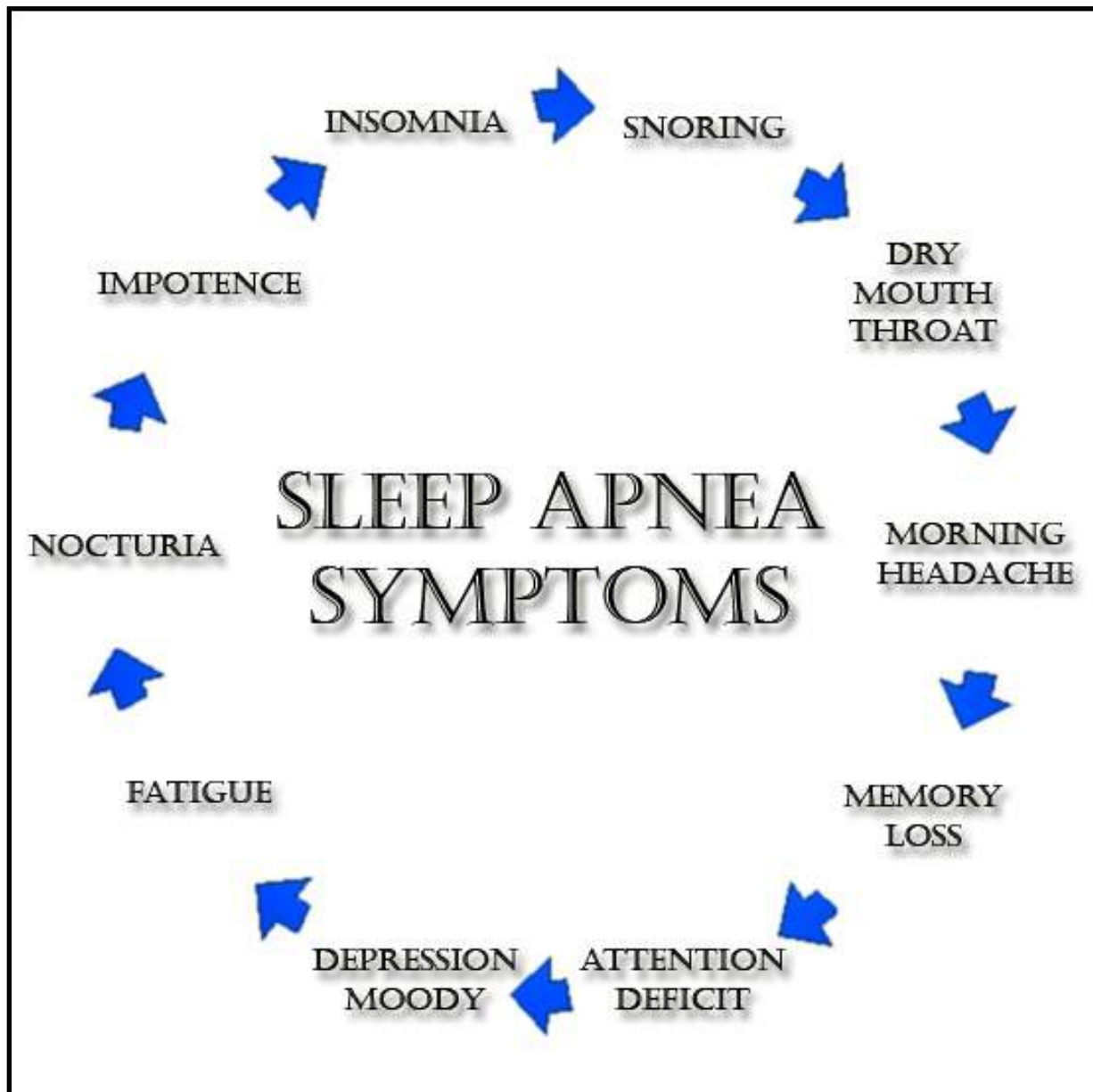


**Narcolepsy**  
People with narcolepsy feel sleep throughout their waking hours. They may fall asleep suddenly, even in the middle of a conversation. They may also experience cataplexy, which is a sudden loss of muscle tone. They may also experience sleep paralysis, which is a temporary inability to move or speak when waking up.

**Restless Legs Syndrome (RLS)**  
Restless legs syndrome (RLS) is a disorder that causes a very unpleasant feeling, usually in the legs, that makes it difficult to sit or lie still. The feeling is usually worse at night and when the person is at rest. The feeling is usually worse at night and when the person is at rest. The feeling is usually worse at night and when the person is at rest.

**Insomnia**  
Insomnia is the most common sleep problem. It is a condition in which a person has trouble falling asleep or staying asleep. It can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions. It can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions. It can be caused by a variety of factors, including stress, anxiety, depression, and medical conditions.

**Obstructive Sleep Apnea**  
Obstructive sleep apnea is a condition in which the airway becomes blocked during sleep. This can cause the person to stop breathing for short periods of time. It can be caused by a variety of factors, including a large tongue, a narrow airway, and a recessed chin. It can be caused by a variety of factors, including a large tongue, a narrow airway, and a recessed chin. It can be caused by a variety of factors, including a large tongue, a narrow airway, and a recessed chin.





# Screening devices

*Jamison Spencer*



# Pulse Ox



*Jamison Spencer*





DEMO

REVIEWS

ARTICLES

SUPPORT

CONTACT US

# SnoreLab

## The Snoring Management App

Record, measure and track your snoring with the No.1 snoring management app for iPhone and iPad:

- ★ Generates charts of your night's snoring
- ★ Records snoring sound samples
- ★ Measures snoring intensity (Snore Score)
- ★ Tests the effectiveness of snoring remedies
- ★ Tracks the impact of lifestyle factors

SnoreLab has helped change lives for the better. If snoring impacts your life: *download it today!*



*Jamison Spencer*





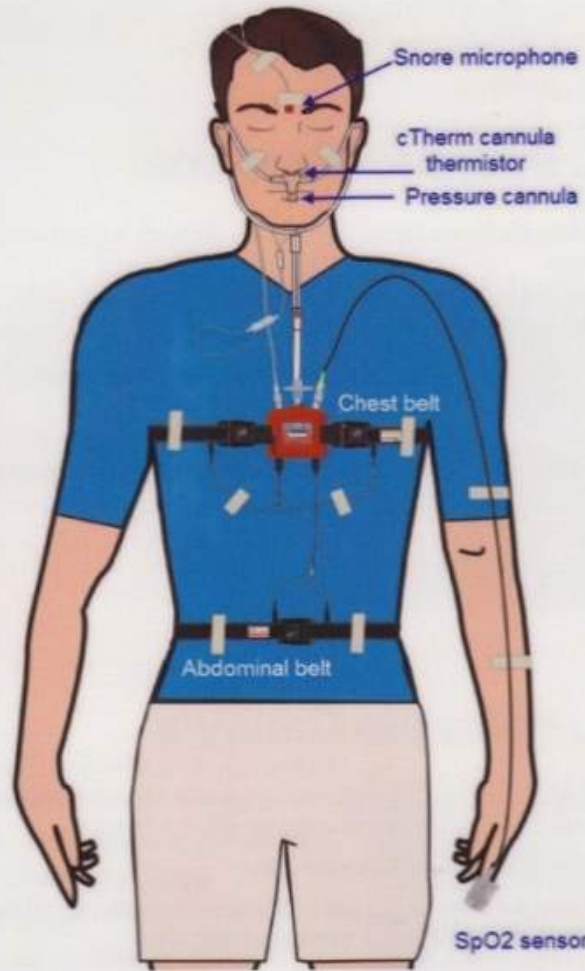
# MediByte Patient Guide

Your doctor or dentist has sent you home with the MediByte® to screen for snoring or sleep apnea.

To use the device, put the sensors on as described in this guide, slide the ON/OFF switch to the ON position (white dot), press the Event button on the front of the MediByte® and go to bed. When you wake up, press the Event button on the front of the MediByte®, remove the sensors and slide the ON/OFF switch to the OFF position.

## Warnings

- Use the MediByte® as directed by your physician.
- Keep the MediByte® and its components away from flames and flammable compounds.
- Do NOT immerse the MediByte® in any liquids, damage will result.
- Do NOT bathe, shower or swim while wearing the MediByte®.
- Do NOT plug any MediByte® accessories into an electrical wall outlet.



1-100 Schneider Road,  
Kamela, ON Canada  
K2K 1Y2  
+01.613.831.8690

CEpartner4U BV  
Edeindaan 13  
3951 DB Mearn  
The Netherlands  
Tel: +01.343.442.524

CE 0413

D.MP8.40609.2.2 2010/02/03





# Respironics RU Sleeping





# Pros of screening devices

- The computer (Device, App, Report, etc.) becomes the bad guy instead of you.
- Helps move a less motivated patient along.



# Cons of screening devices

- More expense (either to you, the patient, or both)
- More time
- May come back “negative” (AND YOU CAN'T RULE OUT OSA WITH A HOME SLEEP STUDY OR ANY OTHER SCREENING DEVICE)
- May offend the sleep doctors
- Put's you at risk (i.e. ignorance is bliss)?



# If you build it...

- Setting up Systems
  - Screening Form
  - What to look for
  - Educating the patient
  - Referral for evaluation







# Referring for evaluation

- Discuss with your patient the idea of having a screening evaluation with a physician (not necessarily a sleep study)
- Shop around for a sleep doctor(s) or physician(s) to work with
- Send a very simple letter letting them know of your referral
- Follow up with the patient within a week, or help them set up the appointment while they're still in your office (strike while the iron is hot!)



# What about...?

- Patients who think you're trying to sell them something?
- Patients who won't go for the evaluation?
- Patients who won't consider a sleep study?
- Patients who don't believe they have a problem (their sleep partner is the one with the problem)?



# Just say...

- “At Bob’s Family Dental we care about more than just your teeth. For example, we do cancer screenings, but we don’t treat cancer. State of the art research has shown strong links between sleep apnea and what we’re seeing in your mouth today, and what we see on a daily basis in the mouths of MANY of our patients. Things we used to blame on stress, we now know to be related to the body’s attempt to not suffocate! Things like high blood pressure, heart burn, depression, fatigue, weight gain and even ADHD in children may be connected to sleep apnea as well. We are obligated to continue to bring this up on future visits, because we care about you, and if you actually have a problem treatment is easy and could literally save your life.
- So do me a favor and don’t die of sleep apnea before your next check up, ok? 😊”

*Jamison Spencer*



# Marketing



- The low hanging fruit...
  - Has already been diagnosed
  - Has already tried CPAP
- Most likely their insurance paid for their CPAP, so they won't be able to deny an oral appliance (most of the time anyway)
- If they respond to your marketing it's because they care about their health and want to treat their problem (and never knew an oral appliance was an option)

*Jamison Spencer*



# Internal Marketing

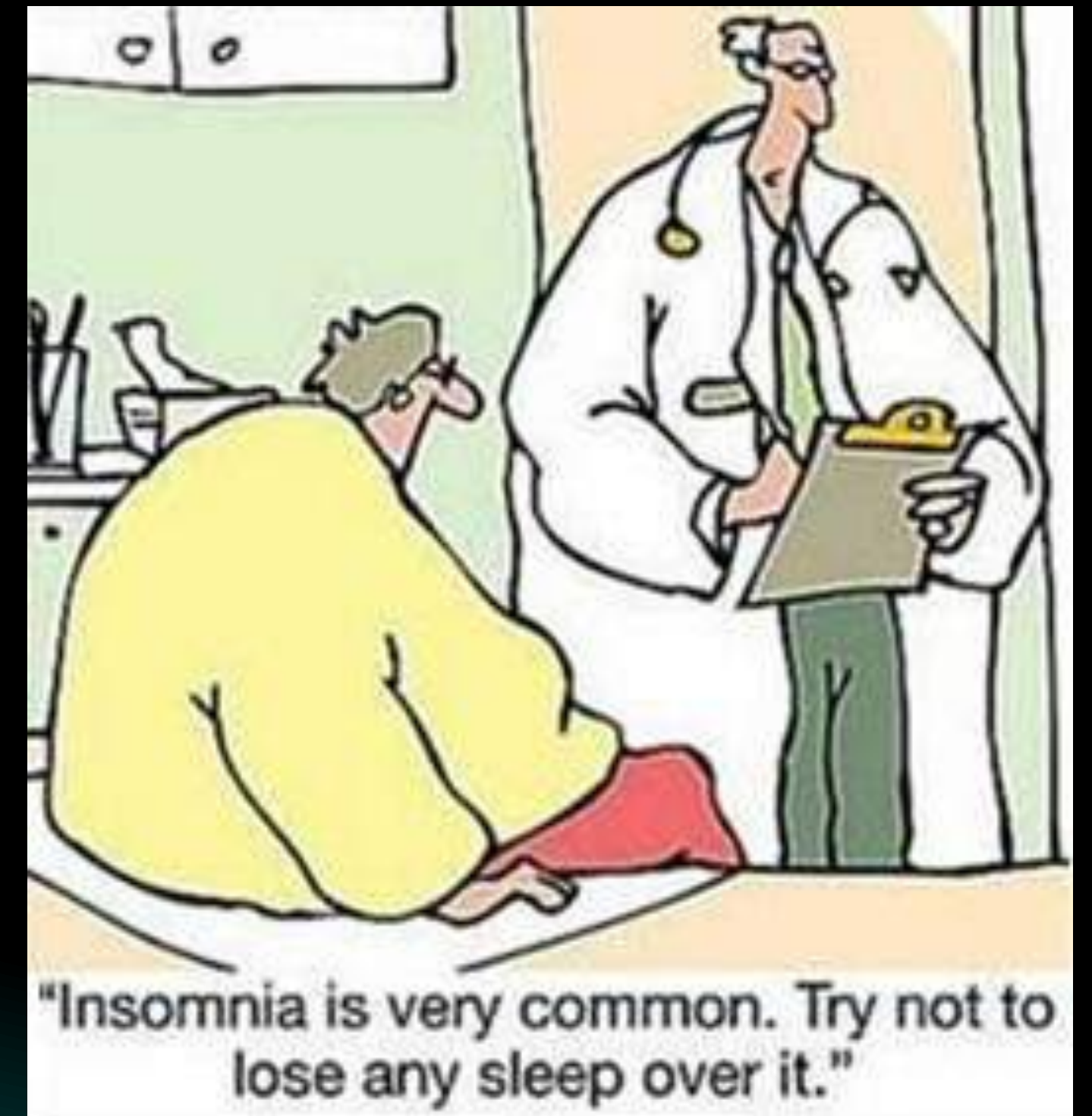
- Articles printed from the internet
- Videos playing in waiting room or on monitors
- Video while the patient waits in hygiene for the dentist's check
- Posters
- Brochures
- Your website

*Jamison Spencer*



# External Marketing

- The BEST ROI for marketing is to medical doctors
  - Phone calls regarding common patients
  - Letters regarding patients you're treating (cc to EVERY doctor the patient sees)
  - Mailings (a short letter and an article or two)
  - Dropping by information (have someone do this for you)
  - Lunch and Learns (Warning!!!)



*Jamison Spencer*



# What do MD's really care about?





# What do MD's really care about?





# So let's talk about insurance...

-DANCE WITH THE DEVIL-



*Spencer*

*Jamison Spencer*



# What kind of DSM practice do you want?

- Insurance or cash basis?
- Full dental sleep medicine or general integrated with dental sleep medicine?
- How many DSM patients a month do you want to see? How many per day do you want to see on average? How much time can you spend per patient?
- How many days per week do you want to work?
- Do you want to do most of the hands-on work?



# Insurance vs. cash practice

- Cash advantages:
  - Freedom to do what you want
  - More of a boutique feel (possibly more of a red carpet type experience for the patient)
  - See less patients because profit margin is higher than insurance model (if in-network)
  - No recoups
  - Less employees needed
  - Less headaches

*Jamison Spencer*



# Insurance vs. cash practice

- Cash disadvantages:
  - Ability to help certain people is diminished
  - Some physicians may not want to refer to you because you are “too expensive”
  - May need to have payment plans or care credit to help the patient



# Insurance vs. cash practice

- Insurance advantages:
  - Able to help more people (especially if in-network)
  - More physicians referrals can help you to grow your DSM practice
  - It gives you a warm fuzzy feeling inside!



# Insurance vs. cash practice

- Insurance disadvantages:
  - Selling your soul to the Devil (in-network)
  - Low reimbursements
  - Global periods
  - Recoups
  - More employees needed
  - Need to see more patients as profit margin is lower
  - Need more capacity

*Jamison Spencer*



# In-network vs. out-of-network

- Higher reimbursements at times for out-of-network
- 60% vs. 80% co-pay
- In-network waiver if nobody else is in-network
- Fraudulent/wrong advice through courses and consultants



# Our practice model

- 100% TMD/DSM for the past 25 years
- Insurance based for DSM (in-network)
- Fit about 60 DSM appliances per month and about 30 TMD appliances per month (averages)



# Our practice model

- Work 3 days a week (seeing patients)
- The doctors rarely do appliance records, fittings or adjustments as these are assistant driven
- To fit/adjust hundreds of appliances per month, dental team needs to play a HUGE role in the practice!



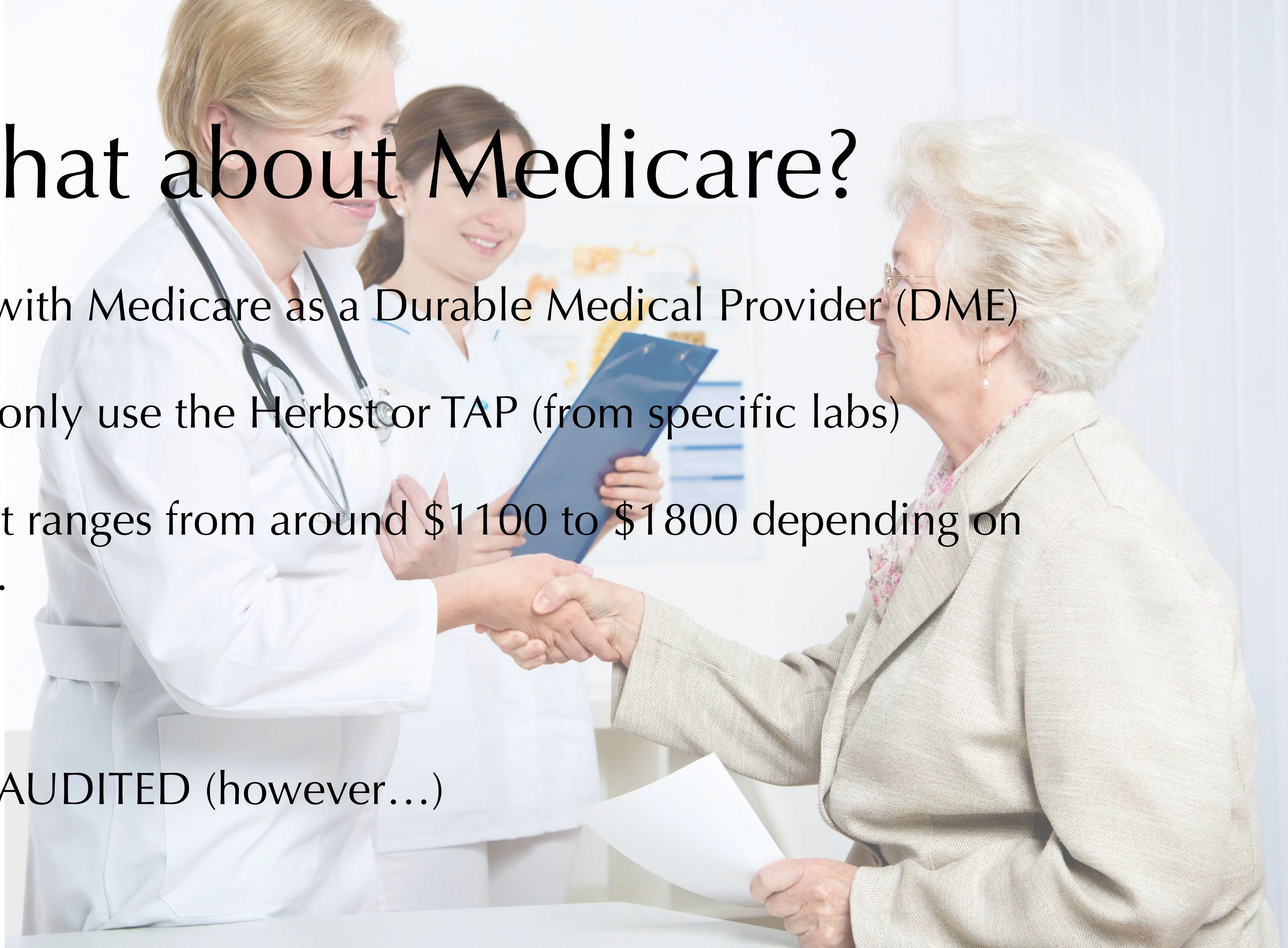


What about  
Medicare?



# What about Medicare?

- Must contract with Medicare as a Durable Medical Provider (DME)
- Currently may only use the Herbstor TAP (from specific labs)
- Reimbursement ranges from around \$1100 to \$1800 depending on where you live.
- LOTS of rules
- YOU WILL BE AUDITED (however...)





# What about Medicaid?

- Varies State to State
- MIGHT need to be a Medicare provider first
- Some states have benefits under medical, others dental
- Reimbursement varies
- Coverage may change without much notice



# What about Tricare?

- **Disability**
- **Initially may be a hassle to get set up**
- **May be a hassle to work with the management companies (United Healthcare, for example)**
- **Treating the soldiers is rewarding and easy!**



# So...do you want to dance?



*Jamison Spencer*



# External Marketing

- **Once you've built a strong foundation...**
  - **Online (directing people to your website)**
  - **Radio**
  - **Print**
  - **TV?**
  - **Health Fairs (particularly for businesses)**
  - **Billboards**
  - **Sandwich boards**





# Building a Strong Foundation

